Incentive News

Reminders:

Information you may still need — and other items of interest to providers — can still be found on the TennCare EHR Incentive website.

Delayed 2022 Security Risk Assessments (SRAs) must be emailed by Jan. 31, 2022 to TennCare Audit. Use the subject line "2021 Security Risk Assessment". Failure to submit the SRA by January 31 **will** result in a post-payment audit of your 2021 attestation.

Can We Help?

If you have lingering questions about the EHR Incentive Program, contact us Monday through Friday from 7:00 a.m. to 3:30 p.m. Central Time. When emailing, please include your provider's name(s) and NPI(s).

More Than $300 Million Paid to TN Providers Over Program's Life

When the TennCare Electronic Health Records (EHR) Provider Incentive Payment Program (PIPP) reached its sunset on December 31, more than $300 million had been paid in incentives to Tennessee providers over the life of the program. In all, 306 payments were made to eligible hospitals in the state, while 11,950 payments were made to eligible professionals.

PIPP began in 2011 as the result of the nation's Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. HITECH itself was a part of the American Re-Investment and Recovery Act (ARRA), and called for a program to offer medical professionals and hospitals an incentive to acquire and "meaningfully use" electronic health record technology. There would be a version of the program for Medicare providers operated by the Centers for Medicare and Medicaid (CMS), and CMS would lead each state to operate a Medicaid version of the program. Tennessee stepped up to offer the incentives to TennCare providers.

The goals and objectives for adopting EHR technology, and their expected benefits, were

1. Improve Quality, Safety, & Efficiency: Improve the quality of care by making health care more accessible, safe, and patient-centered.

2. Engage Patients & Families: Ensure that each person and family is engaged as partners in their care.

TennCare Provider EHR Incentive Payment Program Payouts 2011-21

	Attestations Paid	Incentive Payments
Eligible Professionals	11,950	$167,153,439
Eligible Hospitals	306	$133,412,332
Totals	12,256	$300,565,771

TN Division of **TennCare**

More Than $300 Million Paid to TN Providers Over Program's Life...

Do You Have Questions Remaining About

The EHR Incentive Program?

Past attestations?

Your Future with Electronic Heath Records?

Email TennCare.EHRIncentive@tn.gov

***Always* include the Provider's Name and NPI when communicating with TennCare.**

Division of TennCare

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3. Improve Care Coordination: Promote effective communication and coordination of care.

4. Improve Population & Public Health: Work with communities to promote wide use of best practices to enable healthy living.

5. Ensure Privacy & Security Protections: Protecting the privacy and healthcare information of patients.

Confirmed by our annual survey of TennCare enrollees, we are seeing improvements in each of the above areas.

For 11 years, TennCare Provider Services has worked with this state's eligible professionals and eligible hospitals to advance EHR technology across Tennessee. An impressive 93% of the attestations which providers attempted would pass, and each received the appropriate EHR Provider Incentive Payment. We heard many good things that came out of the program, and we also heard the frustration of those who found it a difficult process. Of course the "winners" of the program are the patients who will benefit from having a newfound portability for their personal health records.

Even though the program has sunset, the reporting process begun with the program will continue for some. Those who are also MediCARE providers are still required to submit data to CMS through their certified EHR technology (CEHRT) system.

TennCare itself does not currently have plans to gather information through CEHRTs, but the introduction of any future CMS program requiring such could change that.

PIPP ended with final payments being made on or before Dec. 31, 2021.

Don't Trash Your Documents Yet

Yes, the TennCare EHR Provider Incentive Payment Program ended December 31. But don't throw away your attestation records! You are required under the terms of the program to keep your records for six years after **each** attestation.

Even if all EHR Incentive payments have been deposited, keep those records on file. We would suggest keeping each year's records in a separate folder. Then file your folders immediately with your long-term records.

The possibility of a post-payment audit makes it necessary for providers to retain records and documentation in support of all attestations for no fewer than six years after each payment year. A provider may be asked by TennCare to show documentation to support any of the information in his/her attestation during that time.

Delayed Security Risk Analyses Must Be Emailed to TennCare Audit by Jan. 31

When you completed your 2021 EHR Incentive attestation, did you choose to delay completion of your Security Risk Analysis (SRA) to December 31, as allowed by CMS?

Now that completed SRA must be emailed by January 31 to TennCare Audit at InternalAudit.TennCare@tn.gov, using the subject line "2021 Security Risk Assessment". Failure to submit the SRA by January 31 **will** result in a post-payment audit of your 2021 attestation.

Providers must ensure their completed SRA was conducted or reviewed in accordance with 45 CFR 164.308(a)(1):

- Did it address the security (including encryption) of ePHI created or maintained by your CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3)?

- Did it detail implemented security updates as necessary?

- Did it show identified security deficiencies were corrected as part of the eligible risk management process?

Providers must also ensure that their completed SRA answers

- Who completed the SRA?

- Was an inventory list prepared of all hardware and software that creates, receives, maintains or transmits ePHI?

- Has a final report and/or corrective action plan(s) been documented for all significant deficiencies noted during the SRA, including target dates for implementation?

Offices are to maintain their completed SRA in a folder, accompanied by all proper documentation, including an inventory list and a final report.

As Medicaid Promoting Interoperability Programs End, CMS Refocuses Medicare Version's Name

With the Medicaid Promoting Interoperability Program ending in program year 2021, the Centers for Medicare & Medicaid Services (CMS) has changed the name of the Medicare and Medicaid Promoting Interoperability Programs to the **Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)**.

Previously, information distributed under the Promoting Interoperability Programs was for participants of either program. Moving forward, information distributed by the program's listserv will be only relevant for eligible hospitals and critical access hospitals participating in the Medicare Promoting Interoperability Program.

In the coming weeks, CMS will be updating its websites and educational resources to reflect this change. Please continue to visit the Promoting Interoperability Programs website to watch for updates and further information.

For additional details about the end of the Medicaid Promoting Interoperability Program, please contact TennCare or review the FY 2019 IPPS and LTCH Final Rule.

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Tennessee Department of Health (TDH) Offers Online Registration Assistance

The onboarding process for public health reporting in Tennessee begins when a potential trading partner registers their intent to report using the Trading Partner Registration (TPR) system. TDH staff will be providing online registration assistance to help your organization complete the online registration for the interfaces below:

- **Electronic Case Reporting**

- **Electronic Lab Reporting** (Eligible hospitals only)

- **Cancer Case Reporting** (Eligible professionals only)

- **Immunization Registry Reporting**

- **Syndromic Surveillance Messaging** (Eligible hospitals w/emergency room and eligible professionals in an urgent care facility)

TPR training is available on the following dates and times:

- Wednesday, January 12th, 2:00 PM-3:00 PM Central Time

- Thursday, January 27th, 11:00 AM-12:00 PM Central Time

- Friday, February 25th, 2:00 PM- 3:00 PM Central Time

- Monday, March 14th, 10:00 AM11:00 AM Central Time

If the above dates are not ideal you can request a date of your own choosing. Click here to select date for registration assistance. Be sure to check the TDH Declaration of Readiness for all Public Health Reporting options in Tennessee. If you have questions, please contact the Partner Engagement Team at MU.Health@tn.gov or you may use the Office of Informatics Analytics (OIA) Feedback form.

TDH revises Declaration of Readiness for eCR in 2022

Starting **this month,** TDH is accepting electronic initial case report (eICR) submissions to meet the need of providers participating in Electronic Case Reporting (eCR) using 2015 certified electronic health record technology (CEHRT). Electronic Case Reporting (eCR) is included as a measure in the Centers for Medicare & Medicaid Services' (CMS) remaining Promoting Interoperability program. eCR is the automated generation and transmission of case reports from an electronic health record (EHR) to the public health agency's disease surveillance system for review and action.

eCR will allow healthcare providers the opportunity to report suspected cases to TDH for further investigation using their EHR technology rather than manually reporting on paper and waiting on lab test results to confirm a suspected case. The state of Tennessee uses the HL7 electronic initial case report (eICR) standards (R1.1 and R3) for electronic case reporting (eCR) and to support CMS regulations for eCR. These standards will eventually eliminate manual reporting requirements. The Association of Public Health Laboratories' Informatics Messaging Services platform (AIMS) and the Reportable Condition Knowledge Management System (RCKMS) are used to ensure appropriate reporting.

View the TDH Declaration of Readiness to learn more about TDH public health reporting.

For more information regarding other Public Health Reporting options, please visit the Public Health Reporting page on the TDH website or contact the TDH Partner Engagement Coordinator.

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Syndromic Surveillance Messaging Extended to Eligible Clinicians in Urgent Care Settings

The Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division within the Tennessee Department of Health (TDH) is expanding Syndromic Surveillance Messaging to include eligible clinicians (ECs) treating and diagnosing patients in an **urgent care setting**.

TDH is actively seeking to partner with urgent care facilities to establish Syndromic Surveillance messaging and ensure ECs meet the same active engagement requirements the Centers for Medicare & Medicaid Services (CMS) have for its Promoting Interoperability program. Effective this month, TDH has begun accepting registrations from ECs in urgent care settings.

Long-Term Goals:

- Increase the number of Urgent Care facilities registered in TPR starting January 1, 2022.

- Partner with Urgent Care facilities to ensure ECs can meet the same reporting requirements as for the Promoting Interoperability program.

- Provide better representation of healthcare data in Tennessee's rural areas through data

exchange efforts with Urgent Care facilities in rural areas.

- Improve TDH's Syndromic Surveillance efforts by increasing ADT message reporting through the inclusion of ADT messages received by Urgent Cares.

View the [Declaration of Readiness](#) to learn more about TDH public health reporting.

For more information about the pilot site program, contact CEDS.Informatics@tn.gov with "Syndromic Surveillance" in the email subject line.

State Health Dept. Releases 2022 List of Reportable Diseases in Tennessee

The Tennessee Department of Health (TDH) has released the [2022 List of Reportable Diseases in Tennessee,](#) which is now in effect as of January 1.

Included at the site linked above are the list of reportable diseases and guidance for healthcare providers and laboratories regarding reporting requirements.

Important changes in 2022 include:

Healthcare Providers/ Facilities Only:

- Antimicrobial Use in acute

care hospitals through the National Healthcare Safety Network (NHSN) is required as of January 1, 2022

Laboratories Only:

- EIP Partners are now required to submit suitable SARS-CoV-2 specimens to the State Public Health Lab for sequencing

Please see Detailed Laboratory Guidance for additional changes.

State Issues 1099s This Month for EPs Who Received EHR Incentive Payments in 2021

The State of Tennessee will issue 1099s this month to individual Eligible Professionals (EPs) who have received EHR Incentive Payments during 2021. This will include payments for both 2020 and 2021.The mailing will occur by January 31.

IRS guidelines require the issuance of Form 1099 to the EP, however, EPs will again have the option to assign their EHR Incentive Payment to their Group Practice or Clinic. The payment can be designated to a different entity for each year of program participation, but cannot be divided during a single year of program participation.

The 1099 is an informational form that is also provided to the IRS. To determine if payments are taxable, you must consult your tax professional. The EP is responsible for selecting the appropriate option in the CMS Registration and Attestation System, whether the EP is to receive the EHR Incentive Payment or it is to be made to a designated Payee NPI (one with which the EP has a contractual relationship).
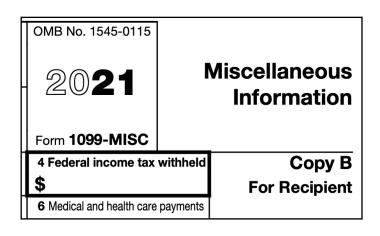
CMS, the Division of TennCare, and the EHR Provider Incentive Payment Program (PIPP) are not responsible for decision-making or mediation regarding the assignment of EHR Incentive Payments.

In most cases the EHR Incentive Payment itself is distributed to the group practice. When this occurs, it is the responsibility of the EP to report the payment on Form 1099-MISC to the employer or entity which bills for the EP's services. Contact your employer to obtain the tax ID number to be entered on the Form 1099-MISC.

Again, EPs are strongly encouraged to contact their tax professional on the proper handling of this matter.

EPs who lose their 1099 or otherwise need a

OMB No. 1545-0115	
2021	**Miscellaneous Information**
Form **1099-MISC**	
4 Federal income tax withheld $	**Copy B For Recipient**
6 Medical and health care payments	

replacement should contact F&A Accounts, Supplier Maintenance at F_A.Accounts@tn.gov. (There is an underscore [_] between the F and the A.) In your message, please provide the tax year(s) for which the 1099 is needed, Tax ID number, name, and either an email address, fax number, or current mailing address where the replacement 1099 can be sent.

Please note: F&A Accounts, Supplier Maintenance is NOT able to assist you with EHR Program-related questions. Questions about the EHR Incentive program should be sent only to TennCare.EHRIncentive@tn.gov.

Online Guide Helps Patients Access Health Records

You can help patients learn more about obtaining and using personal health information with The Guide to Getting and Using your Health Records. The guide is for all patients, parents, and caregivers who want a written account of personal health history, including appointment notes, prescriptions, treatments, tests, and vaccines.

Direct your patients to The Guide to Getting and Using your Health Records to help them learn more about obtaining and using personal health information.

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Medicaid EPs and EHs should submit questions about the Medicaid Promoting Interoperability (PI) Program (in Tennessee also known as the TennCare EHR Provider Incentive Payment Program) to TennCare.EHRIncentive@tn.gov; including questions about

- Eligibility (first 4 attestation pages)
- Meaningful Use
- Clinical Quality Measures
- Program Participation

ALWAYS include the provider's name and NPI when contacting us. We will respond to your inquiry as quickly as possible.

Should you have issues with a CMS website, contact the QualityNet help desk for assistance at qnetsupport@hcqis.org or 1-866-288-8912.

View TennCare Medicaid EHR Incentive Program online assistance at
- Program website
- FAQs
- Acronyms & Glossary
- Previous issues of EHR Incentive News

TennCare E-Newsletters: If you choose to unsubscribe from this list at any time, you may do so by sending a message to: listserv@listserv.tn.gov, (no subject) and unsubscribe MedicaidHIT. You will receive an email confirming your removal.

Continue to Keep Addresses Current for TennCare

Beyond the EHR Incentive program's sunset, help TennCare continue to identify where you practice and where you can receive communication by keeping addresses current.

To update your address in CAQH and TennCare's Provider Registration Portal:

1. If you are an individual healthcare professional or sole proprietor, log into the CAQH Proview application. You can make changes to your primary practice location address by following the instructions there to update your profile records.

2. If you are group/entity, log into the TennCare Provider Registration Portal.

- Select **"update registration".** Then select each link on the left side of the screen from

the Identification section through the Agreements section. Review information in each section and select "save", then "next". In the Practice Locations section, select the edit icon on the far right after the Primary Practice Address. In the next box, edit the address to match as needed. Finally, select "Submit to TennCare". For assistance, please contact Provider.Registration@tn.gov.

- If you have additional practice locations listed and need to make changes, or have practice locations to add, scroll down the page and follow the same steps as above.

While it is not mandatory for TennCare participation, it is also recommended that you make any address changes at the CMS NPPES website as well.